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- Jan. 1	2990-T	Ex	kempt Organization					OMB No 1545-0687	
Førm	, 2 2 0 - 1	For eals	(and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018						
Depart	ment of the Treasury	For cale	► Go to www.irs.gov/Form990T for instructions and the latest information						
	Revenue Service	▶ Do	not enter SSN numbers on this form a				:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only	
A	Check box if				me changed and see instruction	<u>,</u>	D Emplo	yer identification number	
	address changed						(Employ	yees' trust, see instructions)	
	mpt under section		THE BROAD INSTITUTE	, IN	C.				
X	501(C <u>)</u> (3)	Print	Number, street, and room or suite no	lf a P O	box, see instructions		26-34	128781	
	408(e) 220(e)	Type						ated business activity codes structions)	
	408A / 530(a))	415 MAIN STREET				(000 11.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_	529(a) ' *		City or town, state or province, countr	y, and i	ZIP or foreign postal code				
	ok value of all assets and of year		CAMBRIDGE, MA 02142				52599	541700	
	·		oup exemption number (See instruct				1		
	1551169999.		eck organization type X 501		· · · · · · · · · · · · · · · · · · ·		401(a)	trust Other trust	
			orimary unrelated business activity		ATTACHM				
			corporation a subsidiary in an affil			controlled group?		▶ Yes X No	
			identifying number of the parent co JESSE SOUWEINE, COO/C			e number > 61	7-714-	-7729	
			or Business Income	10/1	(A) Income	(B) Exper		(C) Net	
	Gross receipts or		or Dusiness income		(A) medite	(b) Exper	1363	(O) Net	
b	Less returns and allowa		c Balance ▶	1 c		٠,,			
2			lule A, line 7)	1 2		,	- ,	-	
3	=		2 from line 1c	3				, , ,	
4a	•		attach Schedule D)	4a	144,880.		:.	144,880.	
b			Part II, line 17) (attach Form 4797)	4b	····	•			
c			trusts	4c		7	-		
5			ips and S corporations (attach statement)		-251,181.	ATCH, 2	-	-251,181.	
6				6			•		
7			ncome (Schedule E)	7					
8			ents from controlled organizations (Schedule F)	8					
9	Investment income of	a section 50	01(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt	activity	ncome (Schedule I)	10					
11	Advertising incor	ne (Sche	dule J)	11					
12	Other income (S	ee instru	ctions, attach schedule)	12	2,739,768.	ATCH 3	,	2,739,768.	
13			ough 12	13	2,633,467.			2,633,467.	
Par			Taken Elsewhere (See inst			, ,	Except for	or contributions,	
			t be directly connected with t			mej)		1	
14	Compensation of	f officers,	directors, and trustees (Schedule K)	·	RECEIVED.		14		
15	Salaries and wag	es		ان ا] <u>[</u> []	15		
16	Repairs and mair	ntenance		. K	· мдү (2 3) 2019 .	ļ <u>o</u> ļ	16		
17	Bad debts			. IO		નુજ્ર- - !જ્ર- - · · · · · ·	17		
18	Interest (attach s	chedule)		- -	OCDENI IIT	 	18	15 507	
19	raxes and license	es .		7 1.	···OCUEIN, O.I.	٠٠٠٠ - المنت	19	15,597.	
20		-	See instructions for limitation rules)		1 1		20	160,140.	
21			1 4562)					`	
22			d on Schedule A and elsewhere on r				22b	-	
23 24			compensation plans					-	
25									
25 26			Schedule I)						
27			Schedule J)					-	
28			schedule)					1,016,469.	
29			es 14 through 28					1,192,206.	
30			ble income before net operating					1,441,261.	
31			ion (limited to the amount on line 3					, , , , , , ,	
32			le income before specific deduction					1,441,261.	
33	0	'	U 04 000 L L L				· · —	1,000.	
34	Unrelated busin	ess taxa	rally \$1,000, but see line 33 instruct able income Subtract line 33 fr	om li	ne 32 If line 33 is area	ater than line 3	2,		
	enter the smaller	of zero o	r line 32			7	34	1,440,261.	
For F	Paperwork Reduc	tion Act	Notice, see instructions.				-	Form 990-T (2017	
/X274	10°2,000 3483BB R1	9X		V 1	7-7.10				

51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority	Yes	No				
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country						
	here ▶		Х				
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?							
If YES, see instructions for other forms the organization may have to file							
53	53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$						

3 En	ter th	ie amount of tax-exempt in	teres	st received	or accru	ued during the	e tax ye	ar ▶ \$						
ign lere	J	nder penalties of penury, I declar ie, correct, and complete Declaration ESSE SOUWEINE gnature of officer						nation of which pro		May with	the IR	S discuss	this re	eturn
aid		Print/Type preparer's name PAUL TANIS	J	7	ı	repare signa		六	Date 05/08/2019	self-er	ıf nployed	PTIN P014		2
repare		Firm's name PRICEWATERHOUSECOOPER LLP							Firm's	EIN ▶13	3-4008	324		
lse On	ııy	Firm's address ▶ 101 Si	CAP	ORT BLV	7D.,	SUITE 50	0, E	BOSTON, M	A 02210	Phone	no 61	L7−530	-500	0

Form 990-T (2017)

Form 990-T (2017)

Part I, line 7, column (B)

Part I, line 7, column (A)

Total dividends-received deductions included in column 8

Schedule F - Interest, Annu	inco, noyanies				trolled Or			auo	113 (300	monucilo	113)	
Name of controlled organization	2 Employer Identification number		3 Net unrela (loss) (see in		I		of specified included		f column 4 that is in the controlling ion's gross income		6 Deductions directly connected with income in column 5	
(1)												
(2)												
(3)					<u>.</u>							
(4)												
Nonexempt Controlled Organiz	zations											
7 Taxable Income	8 Net unrelated in (loss) (see instruc				otal of specifi yments made		ınc	luded	of column I in the cor tion's gross	ntrolling		Deductions directly inected with income in column 10
(1)		_										
(2)									_	-		
(3)												
(4)									-			
Totals			 01(c))(7), (9), or (17	▶ ′) Orga	En Pa	ter he	elumns 5 ai ere and on i ine 8, colur see inst	page 1, nn (A)	Ent	dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	Income			3 Deduction of the 3 december 3 d	nected				-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)												
(2)	1								_			_
(3)												
(4)												
Totals ▶	Enter here and Part I, line 9, c					·						Enter here and on page 1. Part I, line 9, column (B)
Schedule I - Exploited Exe	mpt Activity In	come,	Othe	r Tha	n Advert	ising In	come	e (se	e instru	ctions)		
Description of exploited activity	2 Gross unrelated business income from trade or business income business and tractily connected with production to unrelated business incompared to the connected with the connected wit		s with of	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)			-									
(2)												
(3)				+								
												+
(4)	Enter here and on page 1, Part I, line 10, col (A)		nere and 1, Part 0, col (t I,		<u> </u>				<u> </u>		Enter here and on page 1, Part II, line 26
Totals		L			·							
Schedule J - Advertising In	•			"	1-41 5							
Part I Income From Per	iodicals Report	ted on a	a Co	nsolic	ated Ba	SIS	ı - ·· ·					
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs			4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)			•					-				
(2)					•					_		
(3)				\dashv	-							7
(4)					•		<u> </u>					-
· · ·				-								
Totals (carry to Part II, line (5))							_	-				Form 990-T (2017

Total Enter here and on page 1, Part II, line 14.

Part II Income From Per 2 through 7 on a			rate Basis (For	each periodical	listed in Part II	, fill in columns
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		n'a		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio		Directors, and Tr	ustees (see inst	ructions)		
1 Name	2 Title		3 Percent of time devoted to business	4 Compensation attributable to unrelated business		
(1)				%		
(2)				%		
(3)				%		

Form **990-T** (2017)

ATTAC	CHMENT	2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

INCOME FROM PARTNERSHIP INVESTMENTS

-251,181.

INCOME (LOSS) FROM PARTNERSHIPS

-251,181.

·	ATTACHMENT 3
PART I - LINE 12 - OTHER INCOME	
USE OF FACILITIES QUALIFIED TRANSPORTATION FRINGE BENEFITS UNDER IRC SECTION 512(A)(7)	1,626,563. 1,113,205.
PART I - LINE 12 - OTHER INCOME	2,739,768.

ATTACHMENT	4	

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION LESS: DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD	2,633,467. 0. 1,032,066.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 160,140.
CHARITABLE CONTRIBUTION	26,920,873.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	160,140.

THE BROAD INSTITUTE, INC.

EIN: 26-3428781

FOR THE YEAR ENDED: 6/30/2018

FORM 990-T, PAGE 1, PART II, LINE 20

LINE 20 - 5 YEAR CONTRIBUTION CARRYOVER

TAX YEAR	TAX YEAR AMOUNT		CONVERTED TO	CARRYOVER
ENDED	AVAILABLE	UTILIZED	NOL CARRYOVER	TO NEXT YEAR
6/30/2015	26,919,494	264,477	-	26,655,017
6/30/2016	336	_	_	336
6/30/2017	302	-	_	302
6/30/2018	741	-	_	741
TOTAL	26,920,873	264,477		26,656,396

AMOUNT UTILIZED	
6/30/2015	47,295
6/30/2016	34,997
6/30/2017	22,045
6/30/2018	160,140

ATTACHMENT 5

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

TAX PREPARATION FEE INVESTMENT MANAGEMENT FEE USE OF FACILITY

62,085.

49,100.

905,284.

PART II - LINE 28 - OTHER DEDUCTIONS $\boxed{1,016,469}$.

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BL	ENDED TAX RATE
1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34). 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	1,440,261.
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	489,689.
3 TAX ON LINE 1 FIGURED USING THE 21% RATE	302,455.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184	
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	90,102,776.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181	
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	54,744,355.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	246,857.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	149,985.
	
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	396,842.

. SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

▶ Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

Employer identification number

THE	BROAD INSTITUTE, INC.	26-3428781					
Part		- Assets Held O	ne Year or Less	<u>'</u>		<u> </u>	
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to	(d) Proceeds (sales pnce)	(e) Cost (or other basis)	(g) Adjustments or loss from Form 8949, Part I, line	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine	
1a	whole dollars Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b		, ,	column (g)	,	the result with column (g)	
1 b	o Totals for all transactions reported on Form(s) 8949 with Box A checked						
2	Totals for all transactions reported on Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on Form(s) 8949 with Box C checked				1	36,448.	
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		4		
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5		
6	Unused capital loss carryover (attach computation)				6	()	
	Net short-term capital gain or (loss) Combine lines 1				7	36,448.	
Pari	See instructions for how to figure the amounts to enter on			(g) Adjustments	to gain	(h) Gain or (loss)	
	the lines below This form may be easier to complete if you round off cents to whole dollars	lines below (q) (e) or loss from Forn Proceeds Cost or loss from Forn sorm may be easier to complete if you round off cents to (sales once) (or other basis) 8949, Part II, lini				, , ,	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b			,			
8 b	o Totals for all transactions reported on Form(s) 8949 with Box D checked	-					
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					16,829.	
11	Enter gain from Form 4797, line 7 or 9				11	91,603.	
12	Long-term capital gain from installment sales from F	12					
13	Long-term capital gain or (loss) from like-kind exchar	13					
14	Capital gain distributions (see instructions)	14					
15 Pari	Net long-term capital gain or (loss) Combine lines 8	15	108,432.				
							
16	Enter excess of net short-term capital gain (line 7) o	16	36,448.				
17 18	Net capital gain Enter excess of net long-term capit Add lines 16 and 17 Enter here and on Form 1120,	17	108,432.				
	the corporation has qualified timber gain, also complete		F. 170 OII OII OI		18	144,880.	

Note If losses exceed gains, see Capital losses in the instructions For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2017

. Form 8:949

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information

OMB No 1545-0074

Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

Social security number or taxpayer identification number 26-3428781

THE BROAD INSTITUTE, INC.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

Part I Short-Term. Transactions inv

Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(a) Description of property	(b)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if a If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e	
(Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)				(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) ar combine the resu with column (g)
PARTNERSHIP INCOME	VARIOUS	VARIOUS		_			44,740
SECTION 1256	VARIOUS	VARIOUS					-8,292
2 Totals Add the amounts in column negative amounts) Enter each to Schedule D, line 1b (if Box A abov	tal here and inc	lude on your					

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

JSA 7X2615 2 000

3483BB R19X

V 17-7.10

Form 8949 (2017)

Form 8949 (2017) Attachment Sequence No 12A Page 2 Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side Social security number or taxpayer identification number 26-3428781 THE BROAD INSTITUTE, INC. Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term Part II transactions, see page 1 Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D: line 8a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS Х (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 (h) If you enter an amount in column (g) (e) enter a code in column (f) Gain or (loss) (d) Cost or other basis (a) (b) Date sold or See the separate instructions Subtract column (e) Proceeds See the Note below Description of property Date acquired disposed rom column (d) and (sales price) and see Column (e) (Example 100 sh XYZ Co) (Mo, day, yr) (Mo, day, yr) combine the result (see instructions) in the separate with column (a) Code(s) from Amount of instructions instructions adjustment PARTNERSHIP INCOME VARIOUS VARIOUS 29,268 VARIOUS VARTOUS SECTION 1256 -12,439

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2017)

16,829

JSA 7X2616 2 000 3483BB R19X

2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

above is checked), or line 10 (if Box F above is checked)▶

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

PARTNERSHIP INVESTMENTS
QUALIFIED TRANSPORTATION FRINGE BENEFITS UNDER IRC SECTION 512(A)(7)